

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Stephen W. Scherer and Berge A. Minassian

Application No.: 10/567,074

Group: 1634

371(c) Filing Date: June 26, 2006

Examiner: Jeanine Anne Goldberg

Confirmation No.: 2296

For: LAFORA'S DISEASE GENE

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
_____ Date	_____ Signature
_____ Typed or printed name of person signing certificate	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	18	MINUS	* 44	
INDEP	5	MINUS	** 7	

☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

* not fewer than 20
** not fewer than 3

RATE	ADDIT. FEE
X \$ 26	\$
X \$110	\$
+ \$195	\$

TOTAL = \$ 0

OR

RATE	ADDIT. FEE
X \$52	\$
X \$220	\$
+ \$390	\$

TOTAL = \$ 0

The Application Size Fee has been calculated as shown below:*(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)
83	100	

Rate	Total Amount Owed
X \$135	\$[]

Rate	Total Amount Owed
X \$270	\$[]

Payment Sufficient for up to
100 Sheets

Petition for Extension of Time

- ☐ Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Supplemental Information Disclosure Statement	\$	180
		\$	_____
		\$	_____
	TOTAL:	\$	180

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
		\$	_____
		\$	_____
	TOTAL:	\$	_____

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Doreen M. Hogle
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Dated: June 17, 2010